**Format for request of Ambulance**

(To be submitted by Governmental/Non-Governmental/Community based/Charitable/Not for Profit Organizations for the purpose of providing ambulance services to the needy)

1. Name of the Organization requesting for ambulance:

2. Details of the organization:

1. Year it was set up:
2. Founding members:
3. Governing Body details:
4. Objectives:
5. Total Membership:
6. Funding mechanism:
7. Activities:

3. Region (Province/District/Municipalities/Ward/area) in which the Organization is operating:

4. Whether the area is rural or urban.

5. Condition of road/connectivity in service area/s and hospital/s nearby:

6. Whether there is an established hospital in the area:

1. Name of the Hospital/s:
2. Government/Community/Private Hospital/s:
3. Number of beds in the Hospital/s:
4. Does the hospital/s provide ambulance service/s:

7. Other organisation/charitable institutions providing ambulance services in the area of operation of your Institution/Organization:

1. Name:
2. Other details:

8. If no ambulance service is available in the vicinity, location of the nearest ambulance service/s:

9. If selected for gifting ambulance:

1. Manner in which it will be run, including proposed fee, etc:
2. Source of funding for Operating and Maintaining the ambulance:
3. Documentary proof in support of financial position of the Organization:

10. Manpower Details with your Organization:

1. Staff employed (fulltime/part-time):
2. Driver/s (fulltime/part-time):
3. Trained Medical/Para-Medical/Nursing staff (fulltime/part-time):

11. Whether the request has been supported by any local organization, if any, details and supporting document may be provided.

12. Institutional tie-ups with local Organizations such as hospitals run by Government/Community/Not for Profit/Private, for moving patients:

1. Name of the Hospital/s:
2. Relevant details:

13. Details of the Committee with your Organization to oversee proper Operations and Maintenance of ambulance:

14. Areas to which the ambulance services will be provided:

1. VDCs:
2. Population (approx.):

15. Has your Organization, registered in your name/in the name of your spouse/or your relative, received ambulance in the past from the Embassy:

Yes: No:

16. If, answer to the above is yes, please provide the following details:

1. Year:
2. Type of the Ambulance:
3. Present condition of the Ambulance:
4. Have you been submitting reports on the service provided to the Embassy as agreed during the handing over of the Ambulance:
5. If the Embassy gifted ambulance is not being operated, reasons may be provided:
6. Have you transferred/leased/sold the ambulance gifted by the Embassy:

17. Whether request had been made earlier for an ambulance to the Indian Embassy:

1. When:

18. Any other information which is relevant for consideration of the request.

19. I, the undersigned, hereby confirm that the information provided above is true.

Signature :

Name :

Designation :

Full Address:

Email:

Phone No :

**FORMAT FOR REQUEST OF SCHOOL BUS**

To be submitted by School and Educational Institute being run by Government/Non-Government/Community based/Charitable/Not for Profit Organizations

1. Name of the school/institute requesting for school bus:

2. Full Address with telephone and email of school/institute

3. Year of establishment

4. Whether private run or government funded

5. Name of the Board/affiliation:

6. Governing Board/Committee of the Organization:

7. Number of Students:

1. Girls:
2. Boys:

8. Number of students required to use school bus

9. Places from where students come including farthest point:

10. Number of Teachers:

1. Full Time
2. Part Time:

11. Classes run:

12. Sources of fund and fees charged:

13. Whether received funds/any other assistance from other agencies/ organizations/NGOs. etc in the past.

14. Any other source of income:

15. If selected for gifting a school bus:

1. Manner in which it will be run, including proposed fee, etc:
2. Source of funding for Operating and Maintaining the school bus:
3. Documentary proof in support of financial position of the Organization

16. Details of existing transport facility with the school.

17. Whether request made earlier for school bus. If so, when ?

16. Justification for requesting for school bus.

18. Whether request had been made earlier for an ambulance to the Indian Embassy:

1. When:

19. Any other information which is relevant for consideration of the request.

20. I, the undersigned, hereby confirm that the information provided above is true.

Signature :

Name :

Designation :

Full Address:

Email :

Phone No :